

Registration District No. 643 Primary Registration District No. 5832 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Belle, (Mo. R D)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Belle Devera Malan 450
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victor Malan 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 10, 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name David Kenyon
13. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Susan McKown
15. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Malan

(b) Address Belle, Mo. R D

17. (a) Burial (b) Date thereof 12/11-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koeing, Mo.

18. (a) Signature of funeral director Maxton Funeral Home

(b) Address Lincoln, Mo. 470

19. (a) Jan 16 1940 (b) Woodward Polunin
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Osage
(c) City or town Belle Mo near
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th year 1939 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1939, to DEC 9, 1939, that I last saw her alive on DEC 10, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
Recurrent

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed Rungel (M. D. or other) _____

Address Belle Mo Date signed 12-10-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Vernon Morton

Registered Apprentice No. *165*

working under my personal supervision.

Signed

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

J.C.Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.